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COMMONWEALTH OF KENTUCKY  
TREY GRAYSON, SECRETARY OF STATE  
ANNUAL REPORT  
DUE JUNE 30, 2007



0622956

ORGANIZATION ID #

0622956

STATE OR COUNTRY  
OF INCORPORATION

KY

ORGANIZATION  
DATE

10/04/2005

FILING  
FEE

\$15.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

RECEIVED

FEB 27 2007

OCAMPO MANAGEMENT COMPANY, INC.  
3832 WYSE SQUARE  
LEXINGTON, KY 40510

SECRETARY OF STATE  
COMMONWEALTH OF KY

(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form. Complete (4) to request a form to be mailed or download form from web site.

T. ANTONIO OCAMPO  
3832 WYSE SQUARE  
LEXINGTON, KY 40510

(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

(5) PRINCIPAL OFFICERS If (5) is blank, type or print the names and business addresses of the current principal officers. If sole officer, please note. The annual report will be returned if business addresses are not listed. If the corporation has previously filed an annual report, verify the names and titles of officers listed below. Please note any additions to or changes in the principal officers and give the business address for each person listed.

President T Antonio Ocampo

3832 Wyse Square Lexington, Ky 40510

Secretary Lisa L Ocampo

Address 3832 Wyse Square Lexington, Ky 40510

Address

Address

Address

Address

(6) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors (KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors (KRS 273.211). The annual report will be returned if business addresses are not listed.

Name Address

Name Address

Name Address

Name Address

(7) Check here if you are a cooperative corporation or association organized under KRS 272. ☐

Check here if you are a rural electric or rural telephone cooperative corporation organized under KRS 279. ☐

I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

Signature of Officer or Chairman of the Board

Type or Print Name

Title

Date

ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS

Trey Grayson  
Secretary of State  
P O Box 1150  
Frankfort, KY 40602-1150

OFFICE LOCATION

Secretary of State  
State Capitol, Room 154  
700 Capital Avenue  
Frankfort, KY 40601  
(502)-564-2848

NOTE: P O Box 1150 is for  
annual report filings only.